

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kota Ishibiki	Docket No. 17235
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Application No. 10/706,188	Filing Date November 11, 2003	Examiner Sean Everett Conley	Customer No. 23389	Group Art Unit 1744	Confirmation No. 6116
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Invention: **MEDICAL EQUIPMENT AUTOCLAVING SYSTEM, MEDICAL EQUIPMENT AUTOCLAVE, AND MEDICAL EQUIPMENT AUTOCLAVING METHOD**

COMMISSIONER FOR PATENTS:


Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	23 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$210.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-1013/SSMP**
 - ☒ Any additional filing fees required under 37 C.F.R. 1.16.
 - ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

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Signature

Thomas Spinefi
Registration No.: 39,533

Dated: **October 12, 2007**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____

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